



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hamasaki	Peter	J	(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Blvd., Five Waterfront Plaza, 4th Floor			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
McCorriston Miller Mukai MacKinnon			(808) 529-7300
MAILING ADDRESS (Street)			FAX
P.O. Box 2800			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96803-2800	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Liquor Wholesalers Association			(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Blvd., Five Waterfront Plaza, 4th Floor			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Melody Butay, G. A. Morris, Inc.			(808) 531-4451
MAILING ADDRESS (Street)			FAX
222 S. Vineyard Blvd., Suite 401			
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health


Planning, Land & Water
Use Management

Other: (Indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

8 April 2003

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

George D. Szigeti

President

NAME OF ORGANIZATION (if applicable)

Hawaii Liquor Wholesalers Association

TELEPHONE

(808) 529-7300

MAILING ADDRESS (Street)

500 Ala Moana Blvd., Five Waterfront Plaza, 4th Floor

FAX

(808) 524-8293

(City)

(State)

(Zip Code)

Honolulu

HI

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.
(Signature of Authorizing Officer or Person Represented)4-5-03
(Date)